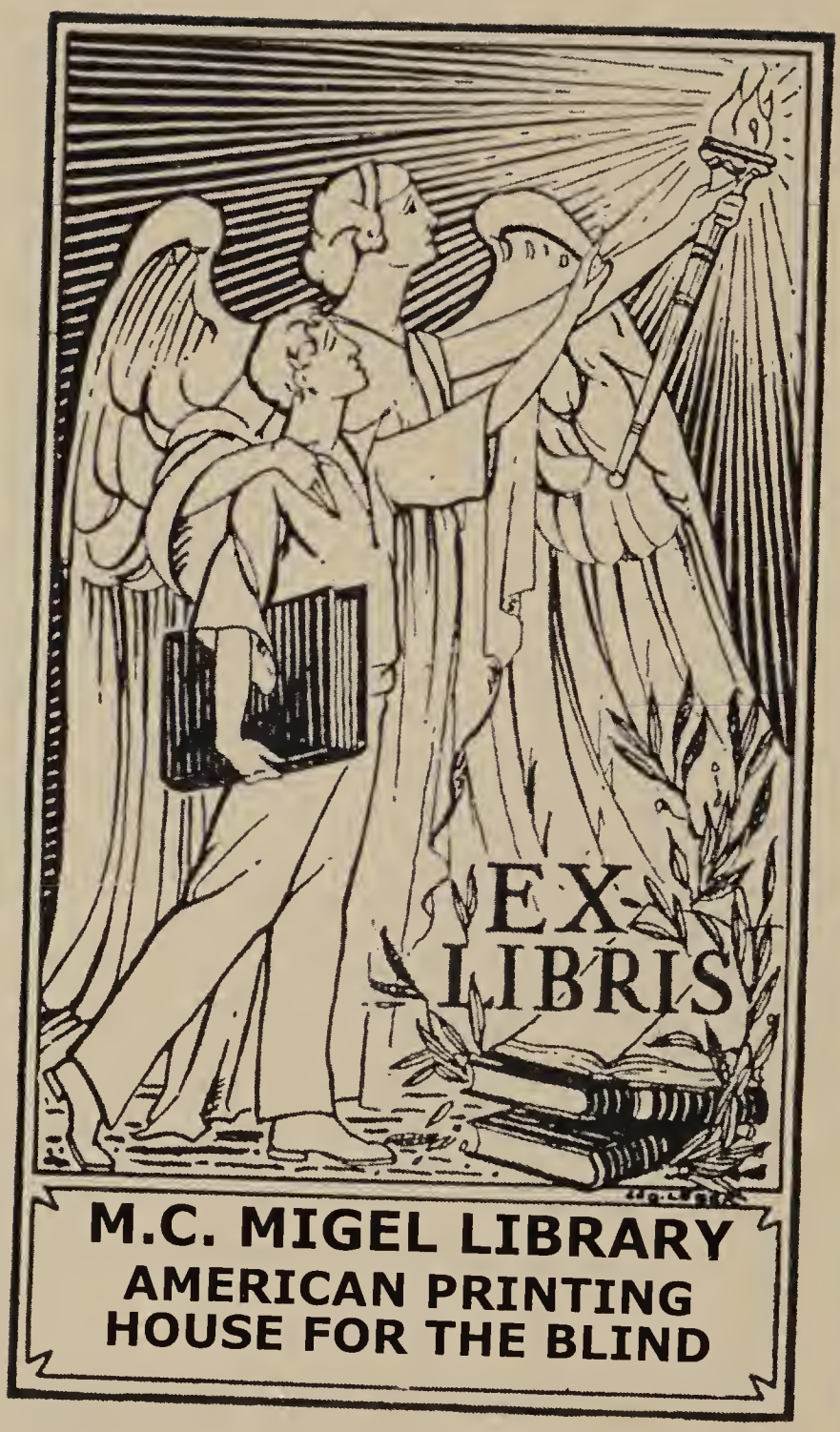
STANDARDS FOR MOBILITY INSTRUCTORS

1962

AMERICAN FOUNDATION FOR THE BLIND, INC.
15 West 16th Street, New York 11, N. Y.



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STANDARDS FOR MOBILITY INSTRUCTORS 1962

American Foundation for the Blind
15 West 16th Street, New York 11, New York

I

NATIONAL CONFERENCE ON MOBILITY AND ORIENTATION

A REPORT

In June 1959, a national conference on mobility and orientation, sponsored by the U.S. Office of Vocational Rehabilitation, was held at the American Foundation for the Blind. It was attended by more than a dozen people from across the country representing various competencies, particularly orientation and mobility instruction and program planning of services for blind people.

At a meeting of the National Council of State Agencies for the Blind at the time of the 1959 National Rehabilitation Association conference in Boston, the June conference on mobility instruction was reported on and its conclusions were favorably viewed. On the basis of this fact, Louis H. Rives, Jr., chief of the Division of Services to the Blind of the Office of Vocational Rehabilitation, has announced, it is the intention of the OVR to implement the plan as enunciated, as rapidly as the standards can be met with regard to agency sponsorship, faculty, and academic habitation.

In order to encourage as widespread discussion as possible, we are glad to publish a modified and shortened version of the formal report of the conference.

THE PURPOSE OF THE CONFERENCE was to establish criteria for the basic selection of mobility and orientation personnel; to develop a well-balanced curriculum; and to recommend length of training and appropriate sponsorship.

The following subjects were discussed: Goals of the Conference; Conference Focus; Development of a Curriculum for Mobility Instructors; The Importance of Mobility and Orientation Training to The Newly Blinded Individual; Criteria for the Selection of Mobility Instructors; and Criteria for the Location and Affiliation of Training Courses for Mobility Instructors.

To establish an understanding of the juncture in work with the blind at which the conference was held, three resource persons prepared background material in terms of which the purpose of the conference was understood. Papers were prepared by Richard E. Hoover, M.D., and Father Thomas J. Carroll, director of the Catholic Guild for the Blind, Boston, Massachusetts, and seminar material by Dr. Frederick M. Jervis, director of counseling, University of New Hampshire, in Durham.

RATIONALE

It was the consensus of the conference that it would be a very great error for any established and recognized authority to support training of mobility instructors within a special learning period of less than a year of graduate study. Hazard to life and limb of blind trainees later to be under tutelage was a consideration in this time element which carried equal weight with the subtle influence of the trainer in so trusted a teaching relationship, involving, in the words of one blind participant at the conference, the blind trainee's wish "to live or die."

The gravest warnings were issued by the orientation and mobility instructors at the conference, especially one with thirty years' experience and another with fourteen years of experience. These members of the group without animus declared they were unwilling to be a part of the training of mobility instructors on a short-

term basis, however concentrated, inasmuch as all they knew from their teaching belied the effectiveness of brief training periods of instruction. Necessary emotional conditioning was so intricate a process, the engraining of principles through time-consuming laboratory experience so necessary, that the needs of the situation could not be met in a compressed teaching program of two weeks, two months, or even four months.

This stand gained something from its relation to a second point which was firmly made by the majority of the group. This was that the teaching of mobility was a task of a sighted, rather than a blind, individual. Aware of the fact that this was opposed to classic theory of pioneers in the field, the great majority of the conference maintained that all experience indicated a revision of the theory.

When discussion had established this principle, the need for a year's training gained substance, as the necessity for practical laboratory experience was taken into account. Obviously, the demands of the situation would be a deep identification with blindness and something of what it entailed on a basis so intimate and particular that the instructor would gain the habit of thinking all the time about how to manage problems of living without sight. This would entail living through a number of stages of identification while acquiring techniques.

STANDARDS FOR SELECTION OF PERSONNEL

It was concluded that the following standards should govern the selection of personnel:

1. Academic. Bachelor's degree with academic studies preferably in education, biological sciences, psychology and sociology.

2. Physical. (a) Vision: No visual impairment not correctible to 20/20. No errors in visual field under all common circumstances, and no evidence of pathology contributing to progressive deterioration; (b) Hearing: Normal; (c) Physical condition: Good.

3. Personal Characteristics. It was the consensus that a paragon of all virtues was not required. The basic essential as laid down by an experienced trainer is that the orientor "be an honest kind of fellow." The consulting psychologist stressed "the ability to get on with people..." (not mentioning "liking people" but giving stress to effective relationships which might well be courteously professional rather than warm). Keen observation and the ability to interpret observation were also cited in many synonyms. A major factor mentioned again and again was "common sense," by which the group appeared to mean a combination of mother wit leading to the classic ability to distinguish between right and wrong, and the fatherly knowledge of human error which could estimate delicately the occasion to admonish the client in the words of one master orientor, "Listen, brother, you are not doing what is expected." A character capable of meeting the demands of emotional stresses in a creative, realistic, optimistic way stood at the center of all the words the group addressed to the concept of the orientation or mobility instructor. Special stress was laid on the work habits of an experienced instructor summed up by "a controlled desire to get things done." This was to be predominant and to weigh more than "fighting spirit," which, however appropriate in soldier, sailor, and other r les, must be "very well in hand" in the mobility instructor. The compulsion to utter, however desirable on the platform or in the press, was censored out of the make-up of the orientor type, whose communication tendencies were brought to the fore by the phrase "large ears, small mouth."

Words amounting to deeds were suggested in the need for clarity and usefulness in all utterance in the teaching situation. Specifically, it was decided that it was easier to determine what an orientor should not be rather than what he should be. The following traits were listed as especially undersirable: (a) impatience; (b) possessiveness; (c) impulsiveness; (d) intolerance; (e) embarrassment over the job; (f) dishonesty; and (h) mor-

bidity. Desirable traits stressed were flexibility and ability to compromise.

CURRICULUM

It was recommended that five broad areas of study be included in the curriculum. These areas should be explored and mastered through seminars, personal tutoring of the student by a "master orientor" on a one-to-one basis, reading, and lectures. This entire learning process should be geared to real life situations through concurrent laboratory experiences and clinical practice. (The term "laboratory" as used in this context should be taken broadly to mean all the resources available for directed observation. The term "clinical practice" should be taken to mean supervised teaching.) The five areas of study are: 1) Physical orientation and mobility; 2) Dynamics of human behavior related to blindness; 3) Functions of human body in relation to blindness; 4) The sensorium and its relation to blindness; and 5) Cultural and psychological implications of blindness.

1. Physical Orientation and Mobility

It was recommended that physical orientation and mobility be taught through the means of practice-teaching, clinical training or internship. The procedures for conducting this practice-teaching would be: 1) learning the essential skills and techniques of orientation and mobility under a blindfold; 2) observation in a setting of skilled personnel working with blinded individuals; and 3) supervised teaching of blind persons.

It was foreseen that observation and supervised teaching would take place: 1) in a school setting; 2) in the center setting; 3) in the agency setting; and 4) in the hospital setting. It was understood that in all settings mobility instructors would of necessity work beyond the confines of the school, agency, or hospital. It was also foreseen that management of such a teaching program would necessitate special handling according to

the needs of clients categorized in several different ways, such as 1) totally blind compared with partially seeing, and 2) the complete novice as compared with the awkwardly experienced, one of whom would require basic or primary teaching, the other remedial work. The further necessary division was foreseen in working with young children where the parental factor enters the teaching relationship. Other special groups requiring different types of handling were individuals with multiple handicaps and the aging, both inexperienced with blindness, and those encountering new problems in the management of themselves because of geriatric problems recently acquired.

The conference discussed mobility in terms of the classic guide-dog training and the so-called Hoover or Hines method of orientation* since both represent a body of knowledge backed up by documentation and personal testimony regarding a large number of trainees, approximately forty-five hundred in the first instance and one thousand in the second. However, the spirit of discussion tended constantly toward research and exploration of new methods, and leaving an open door toward any new creative approaches other than by guide-dog or cane, should such developments be offered. Nevertheless, discussion arrived at a consensus which drew a distinction between mobility instruction leading to an individual's "getting about on his own" and the teaching of use of

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* The methods here mentioned are designed to accomplish the same end result. The guide-dog training has been in existence for a somewhat longer period. The Hoover or Hines regime of therapy is based on a use of the cane not practical before the development of techniques for producing and bending extremely light metal. Canes long enough to precede the user by one step, but weighing no more than six ounces, when manipulated in an arc serve as both bumpers and probes. The psychological as well as the physical intricacies of this system require extensive training.

guides, procurement of guides, adjustment to guides, poise, self-command, and independence while using a guide. All these could be adjunctive to mobility, but it was the consensus that they were not mobility itself in the sense used in the formulation of the above learning experience. A special hazard to standards was seen in this area. It was especially recommended that physical orientation and mobility should include toward the end of the learning experience a very careful study of accidents occurring to blind persons going about on their own.

2. Dynamics of Human Behavior Related to Blindness

It was recommended that formal attention be given to special human problems resulting in necessary modification or extension of action in the presence of blind people. Specifically, it was shown that there was a necessity for adroit and careful scrutiny of the instructor's own emotional reactions and personal habits in relating to blind people. It was suggested that a wide range of considerations lay in this area which would require diversified teaching skills, since at one end lay mere courtesy modified to take blindness into account, and at the other what amounted to psychotherapy of students. It was brought out that in the area of communication alone, the development of descriptive powers would require extensive practice in awareness and useful techniques. This whole subject borders on cultural and psychological implications as described hereafter.

3. Functions of the Human Body as Related to Blindness

It was recommended that the human body as related to blindness should be studied in the following areas: 1) anatomy and physiology; 2) hygiene; 3) kinesiology; 4) orthopedics; and 5) remedial exercises. It was thought that special understanding of the bone system, the muscle system, and the nervous system should be acquired.

4. Sensorium

Akin to the above considerations but requiring special attention is the sensorium. It was noted that this area was at the moment in a state of flux due to burgeoning theories, but might become the most promising area by which a better program of mobility could be related to research. Traditional learning on the subject should be conveyed to trainees, especially bringing to the fore the importance of the olfactory, aural and other well-recognized senses and the necessity for their interpretation and coordination of their use.

5. Cultural and Psychological Implications of Blindness

It was recommended that cultural and psychological implications of blindness be a special area of study by which broad views of attitudes concerning blindness might be brought into the picture, and the entire teaching program related to other disciplines. Some flexibility was considered advisable in assigning content to this area with leeway for passages of responsibilities to and fro between this area and the area designated "Dynamics of Human Behavior." This would be according to the inclination and talents of faculty assigned to organizing the learning process.

In any case, cultural implications would include attitudes concerning blindness and changing patterns in these attitudes, ideals set forth for dealing with problems of blindness, and, finally, some knowledge of success and failures in the implementation of these ideals.

TYPE OF TRAINING FACILITY

It was recommended that the training facility be in a university setting where there is a medical school and available laboratory facilities of excellent quality. These latter should be agencies serving the blind, affording a wide range of laboratory experience to include,

if possible, work with blind persons not previously trained, and with those who present a variety of special problems. An opportunity should also be provided for work in hospital settings with newly blind persons or those who have never had training as blind persons.

It was suggested that the setting be in a metropolitan area, in a department of a university which had freedom on the campus to draw instructional staff from various departments or schools of the university, and with access to facilities for the laboratory practice. It seemed essential that the university be especially strong in research, particularly research in neurology and electronics. Finally, it seemed desirable that the university have an on-going program of rehabilitation counseling under the sponsorship of the Office of Vocational Rehabilitation.

Participants

Conference coordinator was Arthur L. Voorhees, program specialist in vocational and rehabilitation services, American Foundation for the Blind. Conference recorder was C. Warren Bledsoe, assistant chief of the Division of Services to the Blind, Office of Vocational Rehabilitation. Helen Isaac served as conference secretary.

Participating in the conference were: Georgie Lee Abel, program specialist in education, American Foundation for the Blind; Oliver Burke, chief of mobility and orientation, Arkansas Enterprises for the Blind, Little Rock; William Debetaz, vice president, The Seeing Eye, Inc., Morristown, New Jersey; Irving J. Kruger, rehabilitation instructor, New Jersey State Commission for the Blind; Harold Richterman, director of rehabilitation services, Industrial Home for the Blind, Brooklyn, New York; Ed Ronayne, resource teacher, Evans School, Denver, Colorado; Keane Shortell, mobility instructor, Industrial Home for the Blind, Brooklyn, New York; Frederick A. Silver, mobility therapist, St. Paul's Rehabilitation Center for the Blind, Newton, Massachusetts; Stanley Suterko, supervisor of orientation therapy, Blind Rehabilitation Section, Veterans Adminis-

tration Hospital, Hines, Illinois; Russell Williams, chief, Physical Medicine and Rehabilitation Division, Veterans Administration, Washington, D. C.; and Charles C. Woodcock, principal, Oregon State School for the Blind. Salem.

Speakers

The following speakers addressed the conference: M. Robert Barnett, executive director, American Foundation for the Blind; Father Thomas J. Carroll, director, Catholic Guild for the Blind, Boston, Massachusetts; Kathern F. Gruber, director, Division of Research and Specialist Services, American Foundation for the Blind; Dr. Richard Hoover, ophthalmologist, Baltimore, Maryland; and Dr. Frederick M. Jervis, director of counseling, University of New Hampshire, Durham.

The conference, sponsored by the U.S. Office of Vocational Rehabilitation, was held June 8-12, 1959, at the American Foundation for the Blind, in New York.

II

PROFESSIONAL TRENDS IN MOBILITY TRAINING

Arthur Voorhees

Program Specialist in Vocational and Rehabilitation Services

American Foundation for the Blind

THE SUBJECT OF MOBILITY is perhaps one of the most volatile topics for discussion among workers for the blind and blind persons themselves. There is wide divergence of opinion on such topics as: Who should teach mobility? Is a dog better than a cane? What is the best kind of cane to use? What length should it be? Of what material should it be made? What about white canes? Etc., etc.

It is not my intention to try to give ready answers to any or all of these questions. However, I hope that what I have to say may assist in helping you to crystallize the philosophical foundation upon which your final opinion can be based.

To arrive at my own conclusions it has been helpful for me to take a look at the past in order better to understand the evolution of the trend which is predominent today.

In the early part of this century blind people, as a rule, did not travel extensively by themselves. Those who did get about without the assistance of a human guide did so with the aid of a short, heavy, wooden cane which was used primarily as a bumper and was extended diagonally across the front of the body. The cane was tapped

occasionally for the purpose of getting echo reactions and testing the ground ahead.

The only instruction consisted of a brief verbal explanation from another cane user, a home teacher, or some other representative of an agency for the blind. The real sophisticate of those days was considered to be the blind person who could move about by himself without the use of a cane, depending on friendly assistance from others in the negotiation of busy crossings and complicated, unfamiliar territory such as public buildings, transportation terminals, torn-up streets and congested areas.

There is still a question in the minds of many as to whether this person was trying to hide his blindness, whether this seeming independence was a subtle way of expressing dependency, or whether he was a super-competent individual taking pride in his accomplishments.

The persons who used a human guide in those days as today, did so for one of several reasons: they did not have the confidence to travel by themselves, there was no possibility of developing their own mobility skills, or a sighted person was readily available to act as a guide when needed. It must also be said that, in those days, people did not travel as much as they do today and traffic was slower and much less congested.

In the late 1920's the dog guide was introduced in this country by The Seeing Eye, Inc., of Morristown, New Jersey. This method of mobility assistance to blind persons represented a major advance in providing a means for blind persons to travel safely and independently. In my opinion, even more important is the fact that recognition was given for the first time to the need for formalizing training in the application of mobility skills and techniques.

A number of dog guide schools have subsequently been established over the past thirty years and all

of them have followed the pattern of providing blind persons with formalized training in the use of the dog. It is also interesting to note that the schools which have maintained high standards have also insisted that their instructors receive extensive training in the methods and techniques of training blind persons to use their dog guides.

At the present time it is estimated that less than 3,500 blind persons, or approximately 1 per cent of the estimated total blind population of the United States, are using dog guides and that there is a potential of approximately another 1 per cent who could use them. this means that 98 per cent of the blind population must, at least at the present time, depend on a cane or a human guide for assistance in moving about, if they can or wish to do so.

The question which poses itself is the degree to which formalized training is needed in the use of either of these two remaining travel aids. Before attempting to discuss this question, however, it would seem wise to refer to the past once again. Two developments of major significance have an important bearing on the question of mobility today.

First, prior to 1930 canes were purchased in umbrella stores, orthopedic appliance shops, and department stores. They were designed primarily to support weight or to be carried about as an accessory of dress. The former were durable, but not particularly attractive. The latter were attractive, but not at all durable. Each of them was relatively expensive, and frequently blind persons simply could not purchase them because of the cost factor.

In 1930 the Lions Club of Peoria, Illinois, initiated the white cane movement, which is well known throughout the country today. In addition to promoting white cane legislation, state organizations and local

clubs provided white canes free of charge to blind persons. The natural result of this activity was that a larger number of blind people than ever before began to travel and to use canes, primarily for identification purposes and for safety in crossing streets.

Parenthetically, it seems a pity to me that the example of providing professional training established by the dog guide schools was not incorporated in the program of cane legislation and distribution. However, on the positive side, this program did make it possible for many blind persons, who would not otherwise have done so, to get out and travel by themselves.

Second, in World War II a number of blinded soldiers were returned to Valley Forge Hospital near Philadelphia, Pennsylvania. Here, in addition to provision of medical care, a program was established to assist these men to reorganize their lives so that they could successfully re-establish themselves in society.

Among the attendants at the hospital was a young man by the name of Richard Hoover who decided that the cane used by a blind person should be especially engineered and produced for the purpose it was required to serve. In addition, he reasoned that if a functional, lightweight maneuverable cane could be produced, it was possible to devise a course of instruction to teach the blind person to use it safely and adroitly. As we all know, such a cane was developed under his direction and with the assistance of his colleagues. This cane is known today as the "long cane." The method of using it is affectionately referred to as the "Hoover technique," which applies the principle of touching the ground with the tip of the cane one step ahead of the leading foot.

The technique was perfected at the Veterans Administration Hospital, Hines, Illinois, where over a thousand blinded veterans have received orientation and mobility training. This method of training and

the application of technique has proven to be so successful in making it possible for newly blinded persons quickly to learn to move about on their own safely, that every other rehabilitation center for blind persons has incorporated this method of training in its rehabilitation programs.

Many of the centers have sent their trainees to Hines or some other rehabilitation center for training. However, for many reasons, such as lack of funds and shortage of staff, it was not possible for these persons to remain at the centers long enough to receive the proper training, nor was adequate instructional personnel available to provide the high standards of training which are essential to develop fully qualified mobility instructors.

Nevertheless, the superior travel ability acquired by blind persons who received training under the guidance of these inadequately prepared mobility instructors attracted much attention from agency leaders. Consequently, the demand for training instructional personnel increased so rapidly that it soon began to overtax the limited ability of the few centers who had been providing this woefully inadequate stopgap training service on a courtesy basis. At this point it is only fair to say that the centers themselves were more cognizant than anyone else of their own shortcomings, and further, that they were fully aware of the serious harm that could come to blind persons if high standards of training mobility instructors were not established immediately and maintained constantly.

National agencies, such as the American Foundation for the Blind and Office of Vocational Rehabilitation, began to express publicly their concern over the shortage of qualified instructional personnel. However, of even greater concern was the fact that so-called mobility or travel training was being given by personnel of agencies serving the blind who could not be considered, by any stretch of the imagination, to be qualified mobility trainers.

Among this group were blind and sighted counselors, home teachers, employment counselors, social workers, physical therapists and occupational therapists. Many of the blind individuals could not even travel outside their own homes with either a dog or a cane, and a large proportion of the sighted individuals had had so little experience in working with blind persons that they could not be expected to understand the problems encountered by a blind person in moving from place to place.

In June, 1958, the Office of Vocational Rehabilitation called a meeting of an ad hoc committee to consider the needs for training rehabilitation personnel and to establish priorities for meeting these needs. The two highest priorites were identified as those for 1) the training of placement personnel, and 2) the training of mobility instructors.

As a result of this meeting, the American Foundation for the Blind was given a grant by the Office of Vocational Rehabilitation to conduct a national conference on mobility and orientation. This conference was held in New York City June 8 to 12, 1959. The purpose of the conference was to establish criteria for the basic selection of mobility and orientation personnel, to develop a well balanced curriculum and to recommend the length of training and appropriate sponsorship. Substantially, the conferees participating in the conference were persons having experience in teaching blind individuals orientation and mobility skills. Some of these individuals had as much as thirty years' experience, one having observed 4,000 trainees and having had personal experience with 500. Two others had observed approximately 500 trainees, one had trained approximately thirty trainers intensively, and another had given primary indoctrination to many trainers. Resource persons consisted of a small group of individuals with broad experience in program planning of services to blind persons.

The conference defined mobility and/or orientation instructors as position descriptions used in work with blind people to describe teachers of techniques which enabled blind persons to go about on their own.

It was the concensus of the conference that it would be a very great error for any established and recognized authority to support training of mobility instructors with a special learning period of less than a year of graduate study. Hazard to life and limb of blinded trainees, later to be under tutelage, was a consideration in this time element which carried equal weight with the subtle influence of the trainer in so trusted a teaching relationship involving, in the words of one blind participant, "the blind trainee's wish to live or die."

The gravest warnings were issued by the orientation and mobility instructors at the conference, especially by one with thirty years' experience and by another with fourteen years' experience. These members of the group, without animus, declared they were unwilling to be a part of the training of mobility instructors on a short term basis, however concentrated, inasmuch as all they knew from their teaching belied the effectiveness of brief training periods of instruction.

Necessary emotional conditioning was so intricate a process, the ingraining of principles through time consuming laboratory experience so necessary, that the needs of the situation could not be met in a compressed teaching program of two weeks, two months, or even four months. This stand gained something from its relation to a second stand which was firmly made by the majority of the group. This was that the teaching of mobility was the task of a sighted, rather than a blind, individual.

Aware of the fact that this was opposed to classic theory of pioneers in the field, the great majority of the conference maintained that all experience indicated a revision of the theory. When discussion had established this principle, the need for a year's training program gained substance.

As the necessity of practical laboratory experience was taken into account, obviously the demands of the situation would be a deep identification with blindness and something of what it entailed on a basis so intimate and particular that the instructor would gain the habit of thinking all the time about how to manage problems of living without sight. This would entail living without sight. This would entail living through a number of stages of identification and at the same time acquiring techniques.

Turning back to the classic blind mobility instructor of the blind, the group challenged itself to show why the concept is so bankrupt. This was summed up by the question: "What can a sighted mobility instructor do better than a blind one at fifty paces from the trainee?" The instructor with thirty years' experience supplied the answer: "The sighted instructor can see danger and say 'Stop.'"

The group felt that the following were minimum realistic standards for the selection of training personnel:

A) A bachelor's degree with academic studies preferably in education, biological sciences, psychology and sociology.
B) Physical requirements.
   1) Vision--no visual impairment not correctible to 20/20, nor errors in the visual field under all common circumstances, and no evidence of pathology contributing to progressive deterioration.
   2) Hearing--normal.
   3) Physical condition--good.
C) Personal characteristics. It was the concensus that a paragon of all virtues was not required. After a considerable discussion of desirable characteristics, it was decided that it would probably be easier to determine what a mobility and orientation instructor should not be, rather

than what he should be. The following traits were listed as especially undesirable: impatience, possessiveness, impulsiveness, intolerance, embarrassment over the job, dishonesty, and morbidity. Especially desirable traits stressed were flexibility and ability to compromise.

It was recommended that the following areas of study be included in the curriculum:

1) Physical orientation and mobility.
2) Dynamics of human behavior related to blindness
3) Functions of the human body in relation to blindness.
4) The sensorium and its relation to blindness.
5) Cultural and psychological implic ations of blindness.

As a basic principle for the implementation of this curriculum the group felt that the curriculum areas should be explored and mastered through seminars, personal tutoring of the students by a master orienter on a one-to-one basis, reading and lectures. This entire learning process should be geared to real life situations through concurrent laboratory experiences and clinical practice.

The conference discussed mobility in terms of the classic dog guide training and the "Hoover" or "Hines" method of orientation, since both represent a body of knowledge backed up by documentation and personal testimony regarding a large number of trainees.

However, the spirit of discussion tended constantly toward research and exploration of new methods, leaving an open door to any new creative approach other than by dog guide or cane, should such developments be offered. Nevertheless, discussion arrived at a concensus which drew a distinction between mobility instruction teaching an individual to "get about on his own" and the teaching of the use of guides, procurement of guides, adjustment

to guides, poise, self-command and independence while using a guide. All of these could be adjunctive to mobility but it was the concensus that they were not essentially mobility itself. A special hazard to standards was seen in this area.

The report of this conference was transmitted to the Office of Vocational Rehabilitation in September, 1959, and it is most gratifying to report that to date two training programs have been established on the basis of the recommendations in the report.

One program at Boston College has graduated eight mobility instructors. It is contemplated that this program will graduate sixteen next year and will continue to train sixteen each year.

The other program is just getting under way with four students at Western Michigan University. This program also plans to graduate sixteen persons each year after 1962. Consequently, we can look forward to an annual supply of thirty-two new, fully qualified mobility instructors each year. Unquestionably, this is not enough to meet the growing demand for this type of personnel. Consequently, new programs must be initiated if the mobility needs of 98 per cent of the blind population of the United States are to be met.

The big question which confronts us is: "What are we to do in the meantime?" We know how important it is to a blind person to be able to get about on his own. This is especially true in connection with getting to and from work, meeting one's social obligations, engaging in leisure time activities outside the home, or in carrying out domestic responsibilities.

I do not intend to try to answer this question for any of you. Basically, the answer must come from each one as an individual. However, before you make your decision, may I point out that you are assuming a

critical responsibility whenever you attempt to help an individual develop his mobility skills.

As stated in the report of the mobility conference, danger to life and limb is ever present when a blind individual moves from place to place with the assistance of a cane. Naturally, if you are a qualified mobility instructor, all I can say is please extend yourself to give all of the instruction you can to as many blind persons as possible.

As you know, the American Association of Workers for the Blind, in cooperation with the Federal Office of Vocational Rehabilitation, has just completed a study of home teachers of the adult blind.* The report of this study makes some very specific recommendations concerning the home teacher's place in providing mobility instruction. May I quote from this report:

> Recalling that, of the fifty home teachers interviewed, only three were sighted, the problem of teaching mobility or foot travel looms as a serious one. Only one teacher stated that she gives no instruction either in the home or outside.
>
> Few tried to keep up practice in correct walking for clients who have had systematic training at a center.
>
> Eight, who are either partially sighted or who have no useful sight, give instruction outside the home as well as inside because no travel instructors are available in those communities.
>
> Only three communities were found where systematic foot travel instruction was available. The fact is that, since most of the clients of most home teachers

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* Cosgrove, Elizabeth, Home Teachers of the Adult Blind: What They do, What They Could Do, What Will Enable Them to Do It. The American Association of Workers for the Blind, 1961. 119 pp.

do not have access to instructors who have had systematic training in foot travel, the home teacher finds herself in the position of choosing between helping the client as well as she can to "get up and live" or letting him sit until the community or his agency provides trained instructors.

This fact was referred to by the special advisers to this study as a 'national disgrace.' Although it cannot be stated as fact, the study staff believed few home teachers interviewed had received systematized training in foot travel instruction. These are the principles to which this study subscribes as a guide to agencies and their home teachers in providing foot travel instruction to blind clients:

1) Every home teacher who is not sighted should be able to travel independently with either a cane or a trained guide dog.

2) Every home teacher who has not completed systematic training in travel instruction should make it clear to her chiefs that she is not competent to give training and that she does not wish to be expected to do so. She can teach what she can in and around the client's home, encourage him to move about, but not to cross a street until systematic travel instruction has been received. She should make it clear to the client that she is not a travel instructor and never pretend she is an expert--unless she is.

3) The client who is introduced to mobility by an incompetent instructor is introduced to danger and is subject to repeated failure. His failures then breed fear.

4) If the 'national disgrace' is to be wiped out, there must be firmer conviction on the part of state and voluntary agencies that there is need for more systematically trained travel instructors. Many agencies could demonstrate this need and provide facilities for training if they dispensed with some of their less useful functions. Scholarships to the

few training facilities could be planned and provided, and concentration on the extensive need for training facilities could lead to having them provided.

If you will pardon a personal reference, may I say that although I feel quite comfortable in using the "Hoover" technique and can generally get where I want to go when I want to go there, I have not received professional training in the techniques of teaching orientation and mobility skills. Consequently, I would not, under any conditions, attempt to teach another blind person the use of a cane outside his own home.

What each of you does, as a home teacher or as an individual, is your own responsibility. I realize the temptations to help are great. Nevertheless, remember the risks are equally as great, if not greater. Therefore, your decision must inevitably depend upon your own qualifications to provide mobility instruction or any other service to the client, who places his trust so completely in you.

Date Due			
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